

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

215286 (FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-77-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Barbara Wright
Helping Hands AOC Inc

Address: 2010 State St

Cayce SC 29033

Telephone: 803 796 5192

Fax: 803 791 1955

Other:

Email: helpinghandsadcc@sc.rr.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

RECEIVED

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C – NON-EMERGENCY

DATE 02 10 , 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Helping Hands Adult Day Care, Inc.

2. (a) Street Address of Applicant

2010 State St

Cayce SC 29033

- (b) Mailing address, if different from street address

(c) Telephone Number 803 796 5192 Fed. ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

V. Pr. Barbara Wright 300 Branning Ct Lenoir SC
President Randy Wright 300 Branning Ct Lenoir SC

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: _____ Year: _____

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

See attached

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Lexington

I, Barbara Wilent, V. President
(Name of Applicant's Representative) (Title)
of Helping Hands Adult Day Care, Inc., the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Helping Hands ADE, Cayce SC

This the 11 day of February, 2009

Susan C. Schick
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires: August 22, 2013

11:37 AM
01/26/09
Cash Basis

HELPING HANDS ADULT DAY CARE INC. **STATEMENT OF ASSETS, LIABILITIES & CAPITAL** As of October 31, 2008

	Oct 31, 08
ASSETS	
Current Assets	
Checking/Savings	
1020 · CASH IN BANK	
1021 · BB&T HELPING HANDS	40,444.68
1022 · BB&T PAYROLL	7,272.11
1024 · FIRST CITIZENS	2,039.00
Total 1020 · CASH IN BANK	49,755.77
Total Checking/Savings	49,755.77
Other Current Assets	
1130 · EMPLOYEE ADVANCE	13,493.18
1150 · STOCKHOLDER A/R	41,830.72
1160 · 2007 PR TAX OVERPAYMENT	15,031.60
Total Other Current Assets	70,355.50
Total Current Assets	120,111.27
Fixed Assets	
1510 · FURNITURE & FIXTURES	119,612.26
1520 · EQUIPMENT	38,232.76
1530 · VEHICLES	737,669.28
1580 · LEASEHOLD IMPROVEMENTS	135,570.00
1600 · ACCUM DEPRECIATION	-741,097.00
Total Fixed Assets	289,987.30
Other Assets	
1700 · DEPOSITS	4,000.00
Total Other Assets	4,000.00
TOTAL ASSETS	414,098.57
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2100 · FICA TAX PAYABLE	
2101 · SOCIAL SECURITY PAYABLE	327.41
2102 · MEDICARE PAYABLE	84.40
Total 2100 · FICA TAX PAYABLE	411.81
2110 · FEDERAL WITHHOLDING	2,874.81
2120 · STATE WITHHOLDING	534.39
2170 · FAMILY COURT EMPLOYEES	264.60
2200 · NOTES PAYABLE	
2205 · FIRST CITIZENS (\$1719.50)	39,303.80
2206 · FIRST CITIZENS (\$809.81)	27,551.48
2207 · FIRST CITIZENS LOC (50000.00)	13,536.13
2270 · BB&T(HH CREDIT LINE 50,000)	30,000.00
2280 · FIRST CITIZENS (1132.28)	34,270.88
2290 · FIRST CITIZENS (1126.39)	35,056.30
2295 · FIRST CITIZENS (951.89)	42,557.52
2296 · FIRST CITIZENS (957.63)	42,820.68
Total 2200 · NOTES PAYABLE	265,096.99
2500 · STOCKHOLDER LOAN	-33,536.13
Total Other Current Liabilities	235,846.47
Total Current Liabilities	235,846.47
Equity	
3220 · PAID IN CAPITAL	1,000.00
3230 · R/E UNAPPROPRIATED	38,592.98

SEE NOTES TO THE FINANCIAL STMTS-FOR MGMT INTERNAL USE ONLY

10:33 AM
01/12/09
Cash Basis

HELPING HANDS ADULT DAY CARE INC.
STATEMENT OF ASSETS, LIABILITIES & CAPITAL
As of October 31, 2008

	<u>Oct 31, 08</u>
3560 · STKHLD DISTRIBUTION - RANDY	
3561 · S/H DIST - HLTH INS	-2,631.50
3564 · S/H DIST LIFE INS	-4,163.32
3565 · S/H DIST IRA SAVINGS	-1,936.01
3566 · S/H DIST MISC	-2,753.23
	<hr/>
Total 3560 · STKHLD DISTRIBUTION - RANDY	-11,484.06
3570 · STKHLD DISTRIBUTION - BARBARA	
3571 · S/H DIST HEALTH INS	-4,060.90
3573 · S/H DIST MED. EXPENSE	-925.00
3574 · S/H DIST LIFE INS	-5,550.20
3575 · S/H DIST IRA SAVINGS	-1,033.31
3576 · S/H DIST MISC	-28,575.33
3570 · STKHLD DISTRIBUTION - BARBARA - Other	-1,525.00
	<hr/>
Total 3570 · STKHLD DISTRIBUTION - BARBARA	-41,669.74
3990 · SUSPENSE	-908.32
Net Income	192,921.24
	<hr/>
Total Equity	178,452.10
	<hr/>
TOTAL LIABILITIES & EQUITY	<u>414,098.57</u>

ARTICLES OF INCORPORATION

John T. Campbell
 SECRETARY OF STATE
FILED
 MAY 17 1989
 PM
 10/20/11/12/1/2/3/4/5/6

1. The name of the proposed corporation is Helping Hands Adult Daycare, Inc.

2. The initial registered office of the corporation is 2010 State Street
Cayce Lexington 29033
City County Zip Code
and the initial registered agent as such address is Randy Carlton Wright

3. The corporation is authorized to issue shares of stock as follows: Complete a or b, whichever is applicable:

a. ☒ If the corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000.

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares

Authorized No. of Each Class

The relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin when these articles are filed with the Secretary of State unless a delayed date is indicated (See §33-1-230(b)): _____.
5. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See §33-2-102 and the applicable comments thereto; and 35-2-105 and 35-2-221 of the 1976 South Carolina Code):

MAY 17 1900
 DATE _____
 CERTIFIED TO BE A TRUE AND CORRECT COPY
 AS TAKEN FROM AND COMPARED WITH THE
 ORIGINAL ON FILE IN THIS OFFICE.
John T. Campbell
 SECRETARY OF STATE OF SOUTH CAROLINA

6. The name and address of each incorporator is as follows (only one is required);

Name	Address	Signature
Randy Carlton Wright	300 Browning Court	Lexington, S. C. 29072 <i>Randy C. Wright</i>
Barbara Wright	300 Browning Court	Lexington, S. C. 29072 <i>Barbara Wright</i>

7. I, Henry L. Deneen, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Date

May 17, 1989

[Signature]
(Signature)

Henry L. Deneen

(Type or Print Name)

Address P. O. Box 5709

West Columbia, S. C. 29171

FILING INSTRUCTIONS

- Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
- If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
- Schedule of Fees - payable at time of filing this document

Fee for filing Application - payable to Secretary of State	\$ 10.00
Filing Tax - Payable to Secretary of State	100.00
Minimum License Fee - payable to SC Tax Commission	25.00
- THIS FORM MUST BE ACCOMPANIED BY THE FIRST REPORT OF CORPORATIONS (See §12-19-20), AND A CHECK IN THE AMOUNT OF \$25.00 PAYABLE TO THE SOUTH CAROLINA TAX COMMISSION.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Helping Hands Adult Day Care, Inc.

For the transportation of passengers as follows:

Area to be served: Lexington, Richland, Newberry counties
Calhoun CountiesNumber of passengers: ~~50~~ 12 per conversation w/ Barbara Wright on 2/17/09
3:10 pmFares: Logistics contract 1.65 a mileDate 02/10/09By Title U. President

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
1	Ford	¹⁹⁹⁹ FDW	11443	9200	4 Wheel/chairs/4 passenger
2	Ford	¹⁹⁹⁸ GCII	10063	11500	" * Equipped w/lift
7	Ford	²⁰⁰² GCII	17606	8680	"
11	Ford	²⁰⁰¹ TV3	14138	8400	"
12	Ford	²⁰⁰² Goshen	17325	8592	"
14	Ford	²⁰⁰³ E35Y	18950	13532	"
15	Ford	²⁰⁰⁴ E35Y	19947	8684	"
16	Ford	²⁰⁰¹ FD	99766	14050	"
18	Ford	²⁰⁰⁵ GCII	22651	8804	"
19	Ford	²⁰⁰⁸ E350	24405	13646	"
20	Ford	²⁰⁰⁷ E456	24951	14444	"

* Seats if passenger carrier or tonnage if freight carrier.

* Designate if equipped with wheelchair lift

Date: 01/14/09

Helping Hands Adult Day Care, Inc.
(Applicant)
[Signature]
(Applicant's Representative)
V. President
(Title)

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
21	Ford	2007 GCTF	25208	14414	4 Wheelchair / 4 seats * has lift
23	Ford	2008 GCTF	26101	9288	4 seats / 4 w/
24	Ford	2008	10161	5289	"
25	Ford	2008	09978	5289	"
22	Ford	2007 GCTF	25705	14372	4 seats / 4 w/c

* Seats if passenger carrier or tonnage if freight carrier.

* Designate if equipped with wheelchair lift

Date: 01/12/08

Helping Hand Adult Day Care
(Applicant)
[Signature]
(Applicant's Representative)
V. President
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Helping Hands Adult Day Care Center
(Name of Motor Carrier)

2010 State St. Cayce, SC 29033
(Address of Motor Carrier)

*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
b. Medical Payments/Each Person \$1,000

Amount of Premium:

Liability Insurance 36,939.00

The above quoted premiums are for a term of 12 months.

Arch Insurance Company
(Insurance Company Name)

16301 Quorum Dr. Addison Tx 75001
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12-16-08 Becky Sanchez
Date (Authorized Insurance Company Representative)

ACORD TM **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/10/2008

PRODUCER

Harrison, Fincher & Associates
P.O. Box 7428

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Columbia SC 29202

INSURED HELPING HANDS ADULT DAY CARE, INC.
2010 STATE STREET

CAYCE SC 29033

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: ARCH INSURANCE COMPANY

INSURER B: AMERICAN HOME ASSURANCE COMP

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NCPKG0043400	04/18/2008	04/18/2009	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 8,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	NCAUTO0043400	04/18/2008	04/18/2009	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC 687-28-86	06/08/2008	06/08/2009	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

LOCATIONS: 2006 STATE STREET, 2008-2010 STATE STREET, 2018 STATE STREET, 1111 STATE STREET, CAYCE, SC 29033

CERTIFICATE HOLDER IS ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO LIABILITY

CERTIFICATE HOLDER

LGTC
SC DHHS

FAX: 791-1955

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

EXHIBIT FWA

Name: Helping Hands Adult Day Care Inc
Address: 2010 State St Cayce SC 29033
Telephone No. 803 796 5192 Fax No. 803 791 1955

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgement(s).)

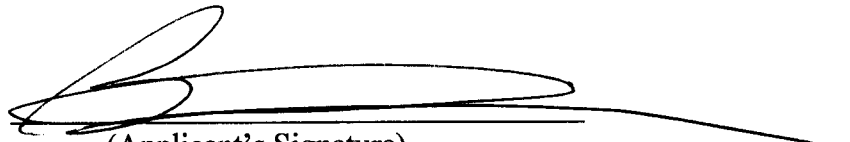
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

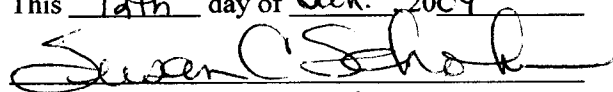
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At Helping Hands ADC, Cayce SC

This 12th day of Jan. 2009

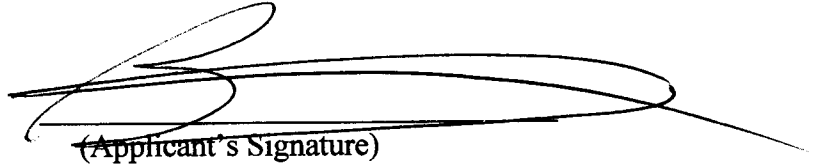

(Notary Public)

My Commission Expires

Commission Expires: August 22, 2013

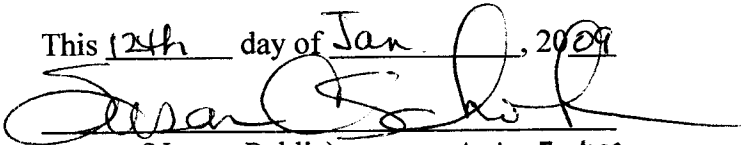
APPLICANT'S OATH

I, Barbara Wright, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)


(Applicant's Signature)

Sworn to before me
At Helping Hands A/C, Cayce SC

This 12th day of Jan, 2009

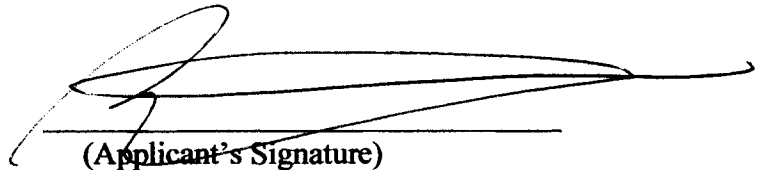


(Notary Public) - Commission Expires

Commission Expires: August 22, 2013

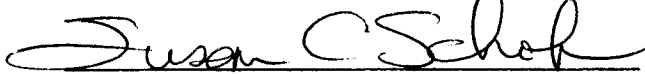
APPLICANT'S OATH

I, Barbara Wright for Helping Hands ADE Inc, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)


(Applicant's Signature)

Sworn to before me
At Helping Hands ADE, Cayce SC

This 12th day of Jan., 2009



(Notary Public)

Commission Expires: My Commission Expires
August 22, 2013